

SERFF Tracking Number: NWCM-125614252 State: Arkansas
 First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$25
 Company Tracking Number: E-2008JAKE-7CEN5J
 TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
 Product Name: Commercial General Liability
 Project Name/Number: TRIA Reauthorization Act of 2007/E-2008JAKE-7CEN5J

Filing at a Glance

Companies: Nationwide Mutual Fire Insurance Company, Nationwide Mutual Insurance Company, Nationwide Property & Casualty Insurance Company

Product Name: Commercial General Liability	SERFF Tr Num: NWCM-125614252	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$25
Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: E-2008JAKE-7CEN5J	State Status: Fees verified and received	
Filing Type: Form	Co Status: Pending - Submitted	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Janis Labarre	Disposition Date: 04/29/2008
	Date Submitted: 04/21/2008	Disposition Status: Accepted For Informational Purposes
Effective Date Requested (New): 05/22/2008		Effective Date (New):
Effective Date Requested (Renewal): 06/09/2008		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: TRIA Reauthorization Act of 2007	Status of Filing in Domicile: Not Filed
Project Number: E-2008JAKE-7CEN5J	Domicile Status Comments:
Reference Organization: ISO	Reference Number: CL-2007-OTRL1
Reference Title:	Advisory Org. Circular: LI-GL-2007-233
Filing Status Changed: 04/29/2008	
State Status Changed: 04/29/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
With this filing, we wish to implement the following form ISO designation number for our General Liability program.	

- CL-2007-OTRL1 – Forms

SERFF Tracking Number: NWCM-125614252 State: Arkansas

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Company Tracking Number: E-2008JAKE-7CEN5J

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability

Project Name/Number: TRIA Reauthorization Act of 2007/E-2008JAKE-7CEN5J

This filing designation relates to the Terrorism Risk Insurance Program (TRIA) Reauthorization Act of 2007.

We are requesting an effective date of May 22, 2008 for New Business and June 9, 2008 for Renewal policies.

Company and Contact

Filing Contact Information

Duane Hartley, Sr. Filing Analyst hartled@nationwide.com
 One Nationwide Plaza (614) 249-6346 [Phone]
 Columbus, OH 43215 (614) 249-3922[FAX]

Filing Company Information

Nationwide Mutual Fire Insurance Company	CoCode: 23779	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type: Property & Casualty

1-17-02		
Columbus, OH 43215	Group Name:	State ID Number:
(614) 249-2271 ext. [Phone]	FEIN Number: 31-4177110	

Nationwide Mutual Insurance Company	CoCode: 23787	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type: Property & Casualty

1-17-02		
Columbus, OH 43215	Group Name:	State ID Number:
(614) 249-2271 ext. [Phone]	FEIN Number: 31-4177100	

Nationwide Property & Casualty Insurance Company	CoCode: 37877	State of Domicile: Ohio
One Nationwide Plaza	Group Code: 140	Company Type:

1-17-02		
Columbus, OH 43215	Group Name:	State ID Number:
(614) 249-2271 ext. [Phone]	FEIN Number: 31-0970750	

Filing Fees

SERFF Tracking Number: NWCM-125614252 *State:* Arkansas
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Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25/submission
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Fire Insurance Company	\$25.00	04/21/2008	19748282
Nationwide Mutual Insurance Company	\$0.00	04/21/2008	
Nationwide Property & Casualty Insurance Company	\$0.00	04/21/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Edith Roberts Informational Purposes		04/29/2008	04/29/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Terrorism Transmittal Document	Supporting Document	Duane Hartley	04/21/2008	04/21/2008

SERFF Tracking Number: NWCM-125614252 State: Arkansas
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Disposition

Disposition Date: 04/29/2008
Effective Date (New):
Effective Date (Renewal):
Status: Accepted For Informational Purposes
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: NWCM-125614252 State: Arkansas

First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$25

Company Tracking Number: E-2008JAKE-7CEN5J

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Commercial General Liability

Project Name/Number: TRIA Reauthorization Act of 2007/E-2008JAKE-7CEN5J

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Accepted for Informational Purposes	Yes
Supporting Document	Terrorism Transmittal Document	Accepted for Informational Purposes	Yes

SERFF Tracking Number: NWCM-125614252 State: Arkansas
First Filing Company: Nationwide Mutual Fire Insurance Company, ... State Tracking Number: EFT \$25
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TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: Commercial General Liability
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Amendment Letter

Amendment Date:

Submitted Date: 04/21/2008

Comments:

The initial submission did not include a terrorism transmittal document. The document is included with this amendment.

Thank you,

Duane Hartley

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Terrorism Transmittal Document

Comment:

Arkansas - Terrorism Risk Transmittal Document.pdf

SERFF Tracking Number: *NWCM-125614252* *State:* *Arkansas*
First Filing Company: *Nationwide Mutual Fire Insurance Company, ...* *State Tracking Number:* *EFT \$25*
Company Tracking Number: *E-2008JAKE-7CEN5J*
TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
Product Name: *Commercial General Liability*
Project Name/Number: *TRIA Reauthorization Act of 2007/E-2008JAKE-7CEN5J*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NWCM-125614252 State: Arkansas
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Accepted for Informational 04/29/2008
Purposes

Comments:

Attachment:

Arkansas - PC Transmittal.pdf

Satisfied -Name: Terrorism Transmittal Document

Review Status: Accepted for Informational 04/29/2008
Purposes

Comments:

Attachment:

Arkansas - Terrorism Risk Transmittal Document.pdf

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Nationwide Insurance Companies				Group NAIC #	140
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Nationwide Mutual Insurance Company	Ohio	23787	31-4177100			
Nationwide Mutual Fire Insurance Co.	Ohio	23779	31-4177110			
Nationwide Prop. & Casualty Ins. Co.	Ohio	37877	31-0970750			

5. Company Tracking Number	E-2008JAKE-7CEN5J
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Duane Hartley One Nationwide Plaza Columbus, Ohio 43215	Sr. Filing Analyst	614-249-6346	614-249-3922	hartled@nationwide.com
7. Signature of authorized filer		Duane Hartley		
8. Please print name of authorized filer		Duane Hartley		

Digitally signed by Duane Hartley
DN: cn=Duane Hartley, c=US, o=Nationwide Insurance, ou=Commercial Insurance,
email=hartled@nationwide.com
Date: 2008.04.21 08:48:33 -0400

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Commercial General Liability
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: May 22, 2008 Renewal: June 9, 2008
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	CL-2007-OTRL1
18. Company's Date of Filing	April 21, 2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # E-2008JAKE-7CEN5J

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

With this filing, we wish to implement the following form ISO designation number for our General Liability program.

- CL-2007-OTRL1 – Forms

This filing designation relates to the Terrorism Risk Insurance Program (TRIA) Reauthorization Act of 2007.

We are requesting an effective date of May 22, 2008 for New Business and June 9, 2008 for Renewal policies.

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

\$25/ISO Adoption

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) Arkansas

Indicate Type of Filing

- ☒ Filing Related to *Certified Losses*
☐ Filing Related to *Non-Certified Losses*
☐ Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Nationwide Mutual Insurance Company	Ohio	140-23787	31-4177100
Nationwide Mutual Fire Insurance Company	Ohio	140-23779	31-4177110
Nationwide Property & Casualty Insurance Company	Ohio	140-37877	31-0970750

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Duane Hartley One Nationwide Plaza Columbus, Ohio 43215	614-249-6346	614-249-3922	hartled@nationwide.com

Filing information

Line of Insurance (see attachment)	17.0001 - Commercial General Liability
Company Program Title (Marketing title) (if applicable)	N/A
Filing Type ** see note below	Form
This application is used with:	Commercial General Liability
Effective Date Requested	May 22, 2008 - NB, June 9, 2008 - R
Filing date	April 21, 2008
Company Tracking Number	E-2008JAKE-7CEN5J
Date filing approved in domiciliary state, if applicable	N/A

	<u>Component/Form Name /Description/Synopsis</u>	<u>Form # or Rate Page Include edition date</u>	<u>Replacement Or withdrawn?</u>	<u>If replacement, give form # or rate page(s) it replaces</u>	<u>Previous State Filing Number, if required by state</u>
01	N/A - ISO Adoption		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

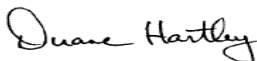
To be complete, a form filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state;
and

Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Duane Hartley
Print Name:

Sr. Filing Analyst
Title: